

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lafayette  
Township Concordia Mo.  
City Concordia Mo.

Registration District No. 457  
Primary Registration District No. 4971

File No. 20976  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Hedwig Reith  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16 - 1875</u>		
7. AGE YEARS <u>58</u> MONTHS <u>8</u> DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wif.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moline, Ill.</u>		
FATHER	13. NAME <u>Rev Albert Wihlborg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweedent.</u>	
MOTHER	15. MAIDEN NAME <u>Verena Roesch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Ferdinand Reith</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls</u> DATE <u>June 15 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank &amp; Vaigt</u>		
20. FILE <u>June 15 1934 Ferdinand Shryman Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1934

22. I HEREBY CERTIFY That I attended deceased from April 17, 1933 to June 13 1934  
I last saw h. or alive on June 11 1934 Death is said to have occurred on the date stated above, at Concordia Mo.  
The principal cause of death and related causes of importance were as follows:  
Heart Failure  
Myocardial Decompensation  
Other contributory causes of importance: 930 Age

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Edmund Smack M. D.  
(Signed) Concordia, Mo.  
(Address)

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